

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

316

Primary Registration District No.

3060

Registrar's No.

0002943

STATE FILE NUMBER

FILED 10 64

PLACE OF DEATH

a. COUNTY

St Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Farmington

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St Francois

c. CITY  
OR  
TOWN

Farmington

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

613 Moore St.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

613 Moore St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

John

Middle

Farmer

Last

Moore

4. DATE  
OF  
DEATH

Month

Day

Year

February 1, 1964

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/22/1882

9. AGE (last birthday)

81

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Service Man

10b. KIND OF BUSINESS OR INDUSTRY

Utility Company

11. BIRTHPLACE (City and state or country)

Womack, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George T. Moore

13b. MOTHER'S MAIDEN NAME

Sarah Weatherington

14. NAME OF HUSBAND OR WIFE

Helen Cartee

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

A Mrs Helen Moore, Farmington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Arteriosclerosis  
Senility  
concephalopathy

INTERVAL BETWEEN  
ONSET AND DEATH

Several  
yes

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1957 to Feb 1, 1964 and last saw him alive on Jan 31, 1964  
Death occurred at 6 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

2/3/64

23c. NAME OF CEMETERY OR CREMATORY

Parkview Cemetery

23d. LOCATION (City, town, or county)

Farmington, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Miller Funeral Home, Farmington, Mo.

25. DATE RECD. BY LOCAL REG.

Feb. 3, 1964

26. REGISTRAR'S SIGNATURE

Esther Rudloff

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

0945

20945

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

Mr. H. H. H. H.

00058-17

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1000-1000

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FEB 13 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul H. Regal

Licensed Embalmer No. 4120

P. O. Address Farmington Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.